

## CERTIFICATE OF SERVICE

I, Joshua Cohen (name), certify that service of this summons and a copy of the complaint was made on May 3, 2024 (date) by:

- ☒ Mail service: Regular, first class United States mail, postage fully pre-paid addressed to:  
Secretary Miguel Cardona  
US Department of Education  
400 Maryland Avenue SW  
Washington, DC 20202
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: (Describe briefly)
- ☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: (Describe briefly)

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

May 3, 2024  
Date

/s/ Joshua Cohen  
Signature

Print Name Joshua Cohen		
Business Address PO Box 1040		
City St. Albans	State VT	Zip 05478

**CERTIFICATE OF SERVICE**

I, Joshua Cohen (name), certify that service of this summons and a copy of the complaint was made on May 3, 2024 (date) by:

- ☒ Mail service: Regular, first class United States mail, postage fully pre-paid addressed to:  
Attorney General of the United States  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
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May 3, 2024  
Date

/s/ Joshua Cohen  
Signature

Print Name Joshua Cohen		
Business Address PO Box 1040		
City St. Albans	State VT	Zip 05478

## CERTIFICATE OF SERVICE

I, Joshua Cohen (name), certify that service of this summons and a copy of the complaint was made on May 3, 2024 (date) by:

- ☒ Mail service: Regular, first class United States mail, postage fully pre-paid addressed to:  
U.S. Attorney Jacqueline C. Romero  
U.S. Department of Justice  
615 Chestnut Street, Suite 1250  
Philadelphia, PA 19106
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: (Describe briefly)
- ☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: (Describe briefly)

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